



VERMONT

ENVIRONMENTAL CONSERVATION

Drinking Water and Groundwater Protection Division

FORM

Vermont Monthly Bacteriological Results for Bottled Water Facilities

Month: 201 Company Name: _____

WSID: _____ Address: _____

Actual lab results may be requested. Bacteriological sampling required by the Vermont Drinking Water and Groundwater Protection Division: 4 (four) coliform and plate count from finished product / month and 1 (one) coliform and plate count from EACH source / month. Please identify source and product(s) in below table. Submit additional forms as necessary.

Day of Month	Source:		Product:		Product:		Product:		Product:	
	Coliform	Plate Count	Coliform	Plate Count	Coliform	Plate Count	Coliform	Plate Count	Coliform	Plate Count
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										

Day of Month	Source:		Product:		Product:		Product:		Product:	
	Coliform	Plate Count	Coliform	Plate Count	Coliform	Plate Count	Coliform	Plate Count	Coliform	Plate Count
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										

I certify, as the **owner or authorized representative*** of this facility, that I have completed this form, or reviewed it if completed by another, and that I have taken the necessary steps to ensure that the information shown is correct. In making this certification, I understand that civil and or criminal penalties may be imposed for submitting false information.

Signature

Date

Please Type or Print Name

***Owner** means the person who owns or has an ownership interest in the facility. An Owner may designate an **Authorized Representative** that has the authority to act on the owner's behalf in all matters regarding the Public or Non-public water system, and is designated to be the contact person in place of the owner for all communications from the Secretary regarding the water system.

Please submit this form within 10 days after the end of the month to the address listed below.

This (fact sheet/form/application) and related environmental information are available electronically via the internet. For information visit us through the Vermont Homepage at <http://www.vermont.gov> or visit VT WSD directly at <http://www.vermontdrinkingwater.org>

Drinking Water and Groundwater Protection Division
1 National Life Drive, Main, 2nd Floor
Montpelier, VT 05620-3521
Toll free 1-800-823-6500
Out of State 1-802-241-3400
Fax 1-802-828-1541